



The Virginia Department of Medical Assistance Services

Division of Health Care Services

"Emergency Air Ambulance Rates" (Fee For Service)

CPT/HCPCS Codes A0430 and A0431

April 16, 2008

For Billing Instructions and addresses for mailing manual claims please see DMAS Transportation Manual, Chapter 5, Titled: "Billing Instructions".

<http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm>

Emergency Air Ambulance Transports for Managed Care Organizations (MCO)

Virginia Medicaid enrolls eligible Medicaid recipients in Managed Care Organizations (MCO). Eligible enrollees receive emergency air ambulance services through the MCO. Please contact the appropriate MCO for billing instructions and rate structure.

**Instructions for Calculating
VA Medicaid Fee for Service Emergency Air Ambulance rates.**

**Emergency Fix Wing Air Ambulance (A0430)
and
Emergency Rotary Air Ambulance (A0431)**

Fixed Wing Emergency Air Ambulance (A0430) and Rotary Emergency Air Ambulance (A431)

1. "Both Fixed Wing and Rotary Air Ambulance claims will paid using the following rates:

- a. Mile "1" = \$586.00
- Additional Miles = \$13.00

Example: Trip was for 83 loaded miles.

First (1) mile	= \$ 586.00
82 miles x \$13.00	= <u>\$1,066.00</u>
Total charge	\$1,652.00

- 1. For your convenience an Emergency Air Ambulance rate table is attached. The rate table is calculated up to 200 miles. DO NOT use rate table for trips over 200 miles. You would be adding in the base rate twice. Trips over 200 miles can be calculated by adding the rate of \$3,173.00 for 200 miles plus \$13.00 per mile over 200.

Note: All claims must have attachments that include ambulance Pre-hospital Patient Care Report (PPCR) that establish medical necessity for emergency ground service. Beginning and ending mileage must be included on PPCR.

Air Ambulance Claim Review and Reconsideration

All air ambulance claims are reviewed for medical necessity of using an emergency air ambulance. Claims submitted that do not establish air ambulance medical necessity will be paid at DMAS emergency ground ambulance rates.

In certain cases, the air ambulance provider may not agree with claim being paid at ground rate. The air ambulance provider can request the claim be reconsidered if the original claim was missing attachments or other medical information. For reconsideration please write a brief description or explanation on why the claim needs to be reconsidered. Please staple letter on top of CMS 1500 and resubmit. If reconsideration is denied then please use the formal appeal process.

Please mail the letter, a new original CMS 1500 with attachment to:

**DMAS
Transportation Unit, Suite 1300
600 East Broad Street
Richmond, Virginia 23219**

CPT/HCPCS Mile Codes A0425 and A0436

At this time, DMAS uses a one code system. Please do not bill air mileage using codes A0435 and A0436. Please submit total loaded miles on claim in block 24G on the same line as A0430 or A0431. Please DO NOT add "1" unit/mile for load fee.

For billing Cross-Over claims please see DMAS Transportation Manual, Chapter 5, Titled "Billing Instructions". <http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm> NOTE: If a primary carrier payment amount applies, this payment will be subtracted from the calculated DMAS payment.

A0430 and A0431

Miles	Payment	Miles	Payment	Miles	Payment	Miles	Payment
1	\$ 586.00	51	\$1,236.00	101	\$1,886.00	151	\$2,536.00
2	\$ 599.00	52	\$1,249.00	102	\$1,899.00	152	\$2,549.00
3	\$ 612.00	53	\$1,262.00	103	\$1,912.00	153	\$2,562.00
4	\$ 625.00	54	\$1,275.00	104	\$1,925.00	154	\$2,575.00
5	\$ 638.00	55	\$1,288.00	105	\$1,938.00	155	\$2,588.00
6	\$ 651.00	56	\$1,301.00	106	\$1,951.00	156	\$2,601.00
7	\$ 664.00	57	\$1,314.00	107	\$1,964.00	157	\$2,614.00
8	\$ 677.00	58	\$1,327.00	108	\$1,977.00	158	\$2,627.00
9	\$ 690.00	59	\$1,340.00	109	\$1,990.00	159	\$2,640.00
10	\$ 703.00	60	\$1,353.00	110	\$2,003.00	160	\$2,653.00
11	\$ 716.00	61	\$1,366.00	111	\$2,016.00	161	\$2,666.00
12	\$ 729.00	62	\$1,379.00	112	\$2,029.00	162	\$2,679.00
13	\$ 742.00	63	\$1,392.00	113	\$2,042.00	163	\$2,692.00
14	\$ 755.00	64	\$1,405.00	114	\$2,055.00	164	\$2,705.00
15	\$ 768.00	65	\$1,418.00	115	\$2,068.00	165	\$2,718.00
16	\$ 781.00	66	\$1,431.00	116	\$2,081.00	166	\$2,731.00
17	\$ 794.00	67	\$1,444.00	117	\$2,094.00	167	\$2,744.00
18	\$ 807.00	68	\$1,457.00	118	\$2,107.00	168	\$2,757.00
19	\$ 820.00	69	\$1,470.00	119	\$2,120.00	169	\$2,770.00
20	\$ 833.00	70	\$1,483.00	120	\$2,133.00	170	\$2,783.00
21	\$ 846.00	71	\$1,496.00	121	\$2,146.00	171	\$2,796.00
22	\$ 859.00	72	\$1,509.00	122	\$2,159.00	172	\$2,809.00
23	\$ 872.00	73	\$1,522.00	123	\$2,172.00	173	\$2,822.00
24	\$ 885.00	74	\$1,535.00	124	\$2,185.00	174	\$2,835.00
25	\$ 898.00	75	\$1,548.00	125	\$2,198.00	175	\$2,848.00
26	\$ 911.00	76	\$1,561.00	126	\$2,211.00	176	\$2,861.00
27	\$ 924.00	77	\$1,574.00	127	\$2,224.00	177	\$2,874.00
28	\$ 937.00	78	\$1,587.00	128	\$2,237.00	178	\$2,887.00
29	\$ 950.00	79	\$1,600.00	129	\$2,250.00	179	\$2,900.00
30	\$ 963.00	80	\$1,613.00	130	\$2,263.00	180	\$2,913.00
31	\$ 976.00	81	\$1,626.00	131	\$2,276.00	181	\$2,926.00
32	\$ 989.00	82	\$1,639.00	132	\$2,289.00	182	\$2,939.00
33	\$1,002.00	83	\$1,652.00	133	\$2,302.00	183	\$2,952.00
34	\$1,015.00	84	\$1,665.00	134	\$2,315.00	184	\$2,965.00
35	\$1,028.00	85	\$1,678.00	135	\$2,328.00	185	\$2,978.00
36	\$1,041.00	86	\$1,691.00	136	\$2,341.00	186	\$2,991.00
37	\$1,054.00	87	\$1,704.00	137	\$2,354.00	187	\$3,004.00
38	\$1,067.00	88	\$1,717.00	138	\$2,367.00	188	\$3,017.00
39	\$1,080.00	89	\$1,730.00	139	\$2,380.00	189	\$3,030.00
40	\$1,093.00	90	\$1,743.00	140	\$2,393.00	190	\$3,043.00
41	\$1,106.00	91	\$1,756.00	141	\$2,406.00	191	\$3,056.00
42	\$1,119.00	92	\$1,769.00	142	\$2,419.00	192	\$3,069.00
43	\$1,132.00	93	\$1,782.00	143	\$2,432.00	193	\$3,082.00
44	\$1,145.00	94	\$1,795.00	144	\$2,445.00	194	\$3,095.00
45	\$1,158.00	95	\$1,808.00	145	\$2,458.00	195	\$3,108.00
46	\$1,171.00	96	\$1,821.00	146	\$2,471.00	196	\$3,121.00
47	\$1,184.00	97	\$1,834.00	147	\$2,484.00	197	\$3,134.00
48	\$1,197.00	98	\$1,847.00	148	\$2,497.00	198	\$3,147.00
49	\$1,210.00	99	\$1,860.00	149	\$2,510.00	199	\$3,160.00
50	\$1,223.00	100	\$1,873.00	150	\$2,523.00	200	\$3,173.00

Note: Do not add mileage calculations together for trips over 200 miles. You will be adding the base rate in twice. Example: On a 210 mile trip add the 200 mile rate of \$3,173 plus 10 miles at \$13.00 per mile. Trip total would pay \$3,303.00.